

## ORIGINAL ARTICLES

## ASSESSMENT OF DETERMINANTS OF PRACTICES REGARDING USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AMONG MEDICAL STUDENTS

Raima Asif, Naila Azam, Fatima Ali Raza Mughal, Mehwish Riaz, Mariam Razzaq, Shaista Zulfiqar, Ayesha Habib Khan\*

Foundation University, Islamabad Pakistan, \*Pakistan Institute of Medical Sciences, Islamabad Pakistan

## ABSTRACT

**Objective:** To assess the knowledge, attitudes regarding hygienic and personal protective practices and to evaluate the factors associated with the knowledge regarding use of PPE among medical college students.

**Study Design:** A descriptive cross-sectional study.

**Place and Duration of Study:** Foundation University, Islamabad Pakistan, from Mar to May 2021.

**Methodology:** Using non-probability consecutive sampling, a self-administered questionnaire will be given to students. Questions will be asked about their knowledge of the types of PPE and its correct use and analyzed in SPSS-20.

**Results:** Out of 289 respondents, one hundred and sixty-eight (58%) belongs to 1<sup>st</sup> - 3<sup>rd</sup> year of MBBS and one hundred and twenty-one (42%) were in 4<sup>th</sup> and final year. Majority (68%) were females and ninety-two (32%) males. Two hundred and forty-three (84%) of them agreed that main goal of infection control is to prevent infection among patients and health care workers. Two hundred and twenty-eight (79%) of them had knowledge regarding correct duration of hand washing and ninety-eight (34%) agreed that use of gloves replaced the need of hand washing. More than half (78%) had knowledge that hand washing is indicated after removal of gloves. Majority (92%) knows that PPE provides barrier against infection. About half (53%) and (48%) had correct knowledge regarding donning and doffing of PPE respectively. Regarding attitudes, half of the respondent (50%) strongly agrees towards correct use of PPE and hand hygiene.

**Conclusion:** The levels of self-reported PPE information and Infection prevention and control training are sub-optimal in medical students of FFH which significantly correlates to COVID-19 and other infectious diseases-related anxiety.

**Keywords:** determinants, practices, personal protective equipment's.

**How to Cite This Article:** Asif R, Azam N, Mughal FAR, Riaz M, Razzaq M, Zulfiqar S, Khan AH. Assessment of Determinants of Practices Regarding Use of Personal Protective Equipment (PPE) Among Medical Students. *Pak Armed Forces Med J* 2022; 72 (Suppl-1): S2-S6.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

## INTRODUCTION

Health care professionals and patients are at high risk to be exposed to potentially infected blood and body fluids that can lead to serious or even lethal infections.<sup>1</sup> These infections can be minimized by use of standard precautions including personal protective equipment (PPE).<sup>2</sup>

Numerous studies have shown that factors that contribute to non-compliance with standard precautions include lack of understanding and knowledge among health care workers on how to properly use protective barriers, lack of time, lack of resources, and lack of proper training. The previous studies also suggest that medical students may not receive adequate training in infection control practices such as hand hygiene and standard precautions.<sup>3</sup> Many young doctors and interns feels that they have insufficient knowledge and practical expertise regarding correct use of PPE,<sup>4</sup> which lead to an unmet need for teaching undergraduates about its importance<sup>5</sup>.

Ideally, training in the use of PPE and other

infection control practices should be included in the medical college curriculum.<sup>6</sup> Practical PPE skills are not always properly evaluated at undergraduate level and are often learnt during the clinical rotations.<sup>7</sup> Delays in practice can lead to an increased risk for contamination of skin and clothing with healthcare-associated pathogens.<sup>8</sup> Mostly students and interns are influenced by the PPE practices of senior registrars and consultants and it can lead to sub optimal practices.<sup>9</sup> The importance of use and correct use of PPE is much more these days in view of the current pandemic of COVID-19.

When new respiratory infectious diseases become widespread, such as during the COVID-19 pandemic, healthcare workers' adherence to infection prevention and a control (IPC) guideline becomes even more important.<sup>10</sup>

Strategies in these guidelines include the use of personal protective equipment (PPE) such as masks, face shields, gloves and gowns; the separation of patients with respiratory infections from others; and stricter cleaning routines.<sup>11,12</sup> This study was conducted to know the knowledge and attitude of the medical

**Correspondence:** Dr Raima Asif, Department of Community Medicine, Foundation University, Islamabad Pakistan

students in our setup regarding the proper use of PPE so that some recommendations can be made about the training of the students if required on this subject.

The purpose of this study was to evaluate the knowledge, awareness and attitude of the medical students regarding proper use of personal protective equipment during pandemics like COVID-19 and other emerging infections that require the use of PPE such as masks, face shields gloves and gowns so that recommendations can be made if needed about training of medical students on this subject.

The objectives were to assess the knowledge about PPE among medical college students, to determine the attitudes regarding hygienic and personal protective practices and to evaluate the factors associated with the knowledge regarding use of PPE among medical college students.

**METHODOLOGY**

A descriptive cross sectional study was conducted in Foundation University Medical College, Islamabad using non-probability consecutive sampling, from March to May 2021 among undergraduate students of FFH, 1<sup>st</sup> to 5<sup>th</sup> year MBBS. The computed sample size was 260 undergraduate students using WHO sample size calculator and 50% expected prevalence, 95% confidence interval and 5% margin of error and total population of 800 students (total MBBS students). The final size was 289 undergraduate students by adding 10 % non-response rate.

The data will be collected through an online self-developed questionnaire.

It has three sections:

Section-A: Demographic profile of the respondents

Section-B: Knowledge towards use of Personal protective equipment

Section-C: Attitude towards use of Personal protective equipment

**Inclusion Criteria:** Undergraduate students of 1<sup>st</sup> to 5<sup>th</sup> year MBBS, students who were willing to fill the questionnaire and students who had internet access were included in the study.

**Exclusion Criteria:** Students of BDS and DPT departments of FUI and students who did not give consent were excluded.

Data will be collected in the Foundation university medical college. A self-administered online questionnaire comprising of questions regarding their awareness, knowledge and attitudes towards PPE will

be asked from the students. Participants will be well elucidated about informed consent, intervention given, process involved in data collection and its potential risks and benefits. Questions will be asked about their awareness of the types of PPE and its correct use.

The collected data was entered and analyze in SPSS-20. Frequencies and percentages were computed, descriptive statistical analysis was done. Chi-square was applied for association. Results were presented in the form of text, frequency tables and pie charts.

The data from filled questionnaires will be collected then assessed.

Ethical approval was obtained from the ERC of FUI. Ethical considerations were followed according to the recommendations of ethical review board, including informed consent for a voluntary unpaid participation in survey while ensuring confidentiality and privacy of their response.

**RESULTS**

Out of 289 respondents, one hundred and sixty eight (58%) belongs to 1<sup>st</sup> to 3<sup>rd</sup> year of MBBS and one hundred and twenty one (42%) were in 4<sup>th</sup> and final year (Figure-1).

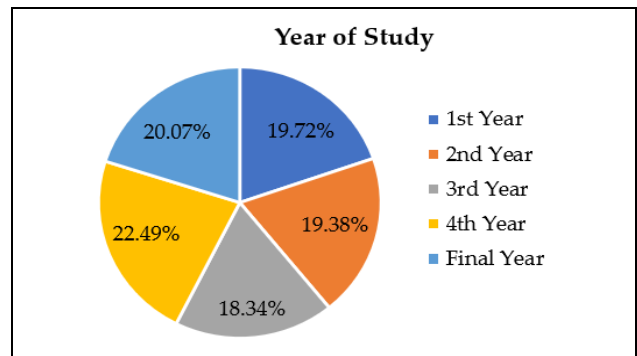


Figure-1: Year of the study of the respondents.

Out of 289 respondents, one hundred and ninety seven (68%) were females and ninety two (32%) males (Figure-2).

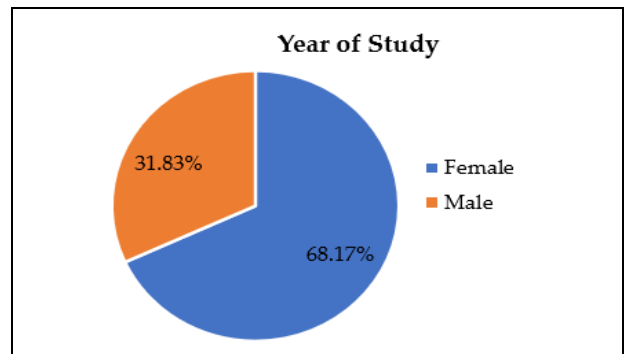


Figure-2: Gender profile of the respondents.

Out of 289 respondents, two hundred and seventy one (93%) of them had correct knowledge regarding purpose of hand washing. Two hundred and twenty nine (79%) of them had knowledge regarding correct duration of hand washing and ninety eight (34%) agreed that use of gloves replaced the need of hand washing. About two hundred and twenty four (78%) had knowledge that hand washing is indicated after removal of gloves (Table-I).

**Table-I: Knowledge regarding hand washing among students.**

Variables	n	%
<b>Hand washing minimizes micro-organisms acquired on hands</b>		
Yes	271	93
No	10	4
Don't know	8	3
<b>Minimum period of hand washing</b>		
20 seconds	229	79
40 seconds	23	8
60 seconds	37	12
<b>Hand washing is indicated after the removal of gloves</b>		
Yes	140	48
No	112	39
Don't know	37	13
<b>Hand washing is indicated between the task and procedure on the same patient</b>		
Yes	147	51
No	111	38
Don't know	31	10
<b>Use of gloves replace the need of hand washing</b>		
Yes	98	34
No	177	61
Don't know	14	4
<b>Hand washing is indicated after the removal of gloves</b>		
Yes	224	78
No	44	15
Don't know	21	7

**Table-II: Knowledge regarding PPE among medical students.**

Variables	Yes	No	Don't know
PPE provides barrier against infection	266 (92%)	13(5%)	10 (3%)
PPE should be only used whenever there is contact with blood	61 (21%)	206 (71%)	22 (8%)
Gloves and masks can be reused after proper cleaning	91 (32%)	159 (55%)	39 (13%)
Used PPE are to be discarded through disposal	207 (72%)	55 (19%)	27 (9%)
Masks and gloves should be changed between different procedures	224 (76%)	41 (14%)	24 (8%)
Masks and gloves can be reused if dealing with same patient	140 (48%)	109 (37%)	40 (14%)
Correct order of donning: gown, mask, goggles, gloves	153 (53%)	62 (21%)	74 (26%)
Correct order of doffing: Gloves, gown, goggle, mask	140 (48%)	74 (25%)	75 (26%)

**Table-III: Attitudes of the students towards PPE.**

Variables	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
Wash hands or use hand rubs before donning	173 (63)	108 (37)	5 (2)	3 (1)
Donning should be done outside the ward	124 (43)	129 (45)	33 (11)	3 (1)
Gloves should be changed between procedure	110 (38)	108 (37)	65 (23)	6 (2)
Sanitize hands after removing the gloves	133 (46)	135 (47)	16 (6)	5 (2)
Goggles and masks should be touched during the work	37 (13)	45 (16)	110 (38)	97 (34)
Can go out of the ward while wearing PPE	36 (13)	77 (27)	120 (42)	56 (20)
Donning and doffing should be done in proper order	160 (55)	118 (41)	8 (3)	3 (1)

Majority two hundred and sixty six (92%) knows that PPE provides barrier against infection. More than half two hundred and twenty four (76%) of them knows that masks and gloves should be changed during procedures. About one hundred and fifty three (53%) and one hundred and forty (48%) had correct knowledge regarding donning and doffing of PPE respectively (Table-II).

Regarding attitudes, half of the respondent (50%) strongly agrees towards correct use of PPE and hand hygiene. Slightly more than half (55%) of the respondents agrees that donning and doffing should be done in proper order. About one hundred and seventy six (62%) of the respondent have correct knowledge and disagrees that one should not go out of the ward while wearing PPE (Table-III).

## DISCUSSION

The current COVID-19 pandemic has led to a greater use of PPE among healthcare workers than previously, and identified a need for more training in PPE skills.<sup>13</sup> The knowledge deficit identified in this study line up with that of Peres *et al*,<sup>14</sup> in which it is found that among medical students and junior doctors, 59% of respondents had inadequate knowledge about PPE. Potential self-contamination, due to errors in PPE doffing, has been confirmed in a number of studies which can lead to the transmission of pathogenic microorganisms not only in clinicians themselves but also to the environment and patients.<sup>15,16</sup> The current COVID-19 outbreak has emphasized on the significance of right PPE use to protect frontline workers and it is only possible if proper training is usage of PPE is done during clinical rotation of medical students.

In our study, 83.7% students knew that main goal of infection control is to prevent infection in both patients and healthcare workers. This is in line with another study conducted in Riyadh states that 97% students knew the same.<sup>17</sup>

The average knowledge of medical students about PPE in this study was 92% while according to a study conducted in India 77.5% had the knowledge about proper use of PPE.<sup>18</sup> Similarly in another study conducted in UAE the average knowledge of nurses and young doctors about PPE was 76.95%.<sup>19</sup>

This study revealed that 93% of the students knew that Hand washing minimizes microorganisms acquired on hands. This finding is similar to a study among Chinese students in which 99.6% students knew the proper hand washing procedure.<sup>21</sup>

About half of the students (51%) had knowledge that hand washing is indicated between task and procedure on the same patients. Similarly, in another study conducted among Chinese medical students states that 58.5% of students did not wash their hands between two different procedures on the same patients.<sup>21</sup>

In our study, 78% students knew that hand washing is indicated after the removal of gloves while in another study conducted in China found out that 78.3% medical students washed their hands before and after touching wounds when they used gloves.<sup>21</sup>

This study shows that 48% students think that alcohol hand rub substitutes for hand washing while in another study conducted in China 77% students think the same.<sup>21</sup> Similarly another study conducted in UAE among nurses indicates that 79.2% of the nurses think that wearing PPE can be a substitute for personal hygiene such as hand-washing.<sup>19</sup>

In our study 79% students knew that minimum period for hand washing is 20 seconds. While in another study conducted in Riyadh states that 10.1% of the students knew the correct period of hand washing.<sup>17</sup>

More than half (61%) of the students know that use of gloves does not replace the need of hand washing. In a study conducted in Saudi Arabia indicates that 90.9% knew the right answer.<sup>17</sup>

In our study, 69% students knew the correct order of donning of PPE. In another study conducted in Ohio Medical School only 39% selected correct donning and doffing sequence.<sup>20</sup> In our study, 71% students knew that PPE should not only be used whenever there is contact with blood. In a study conducted in Riyadh

it was found that 79.8% students knew the correct answer.<sup>11</sup>

In our study 92% students think that gloves and masks can be reused after proper cleaning which is incorrect, whereas in another study conducted in King Saud Bin Abdul Aziz University for Health Sciences found that 90% of students knew that gloves and masks cannot be reused even after proper cleaning.<sup>17</sup>

In this study there was also insufficient knowledge regarding protective masks, which protect clinical staff from infections transmitted via respiratory droplets and this is in line with a study held in Australia the knowledge related to masks were also deficit.<sup>22</sup>

According to our study 48% students knew the right order of doffing PPE while another study in UAE states that 72% knew the correct order.<sup>3</sup>

Our study tells that 76% students think that gloves should be changed between different procedures in same patient. Another study conducted among medical students of Saudi Arabia states that 70% students knew the right answer.<sup>1</sup>

According to our study only 34% of the participants had right knowledge about correct use of goggles and this is similar to a study held in Chicago in which majority of the participants rarely used goggles, safety glasses or visors and several mistakenly believed that their own glasses would protect their eyes from splash.<sup>19</sup>

### CONCLUSION

This study shows that the levels of self-reported PPE information and Infection prevention and control training are sub-optimal in medical students of FFH which significantly correlates to COVID-19-related anxiety.

It is paramount that medical students currently in, and returning to, the workplace are fully proficient with respect to PPE and IPC. There is a need to deliver rapid training, adapted to current circumstances, to better prepare medical students and avoid further transmission of the virus to patients and healthcare professionals.

**Conflict of Interest:** None.

### Author's Contribution

RA: Discussion, data analysis, manuscript writing, NA: Discussion, methodology, FARM: Data analysis, manuscript writing, MR: Data analysis, Discussion, MR: Introduction, methodology, SZ: Data collection, data entry, AHK: Data entry, data analysis.

### REFERENCES

1. Abukhelaif E. Personal protective equipment knowledge and practices among nurses working at Al-Baha King Fahad Hospital, Saudi Arabia. *J Health Care Comm* 2019; 4(1): 1-6.

## Personal Protective Equipment

2. John A, Tomas ME, Hari A, Wilson BM, Donskey CJ. Do medical students receive training in correct use of personal protective equipment? *Med Educ Online* 2017; 22 (1): 1-5.
  3. Gershon RR, Vlahov D, Felknor SA, Vesley D. Compliance with universal precautions among health care workers at three regional hospitals. *Am J Infect Control* 1995; 23(4): 225-36.
  4. Doll M, Feldman M, Hartigan S, Sanogo K, Stevens M, Mc Reynolds M, et al. Acceptability and necessity of training for optimal personal protective equipment use. *Infect Control Hosp Epidemiol* 2017; 38(02): 226-229.
  5. Council GM. Outcomes for graduates, vol. 28. London: General Medical Council; 2018. Available at: [https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018\\_pdf-75040796.pdf](https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf)
  6. Mann CM, Wood A. How much do medical students know about infection control? *J Hosp Infect* 2006; 64: 366-370.
  7. John A, Tomas ME, Hari A, Wilson BM, Donskey CJ. Do medical students receive training in correct use of personal protective equipment? *Med Educ Online* 2017; 22(1): 1264125.
  8. Van Haren F, Cohen J, McKee A, Mitchell I, Pinder M, Seppelt I. Infection control in times of Ebola: how well are we training the next generation of intensivists in Australia and New Zealand? *Crit Care Resuscitation* 2015; 17(2): 65.
  9. Tomas ME, Kundrapu S, Thota P, et al. Contamination of health care personnel during removal of personal protective equipment. *JAMA Int Med* 2015; 175: 1904-1910.
  10. Houghton C, Meskell P, Delaney H, Smalle M, Glenton C, Booth A. Barriers and facilitators to healthcare workers' adherence with infection prevention and control (IPC) guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis. *Cochrane Database Syst Rev* 2020; 4(4): CD013582.
  11. Abukhelaif E. Personal protective equipment knowledge and practices among nurses working at Al-Baha King Fahad Hospital, Saudi Arabia. *J Health Care Comm* 2019; 4(1): 1-6.
  12. John A. Do medical students receive training in correct use of personal protective equipment? *Med Educ Online* 2017; 22: 1-5.
  13. Ault A. COVID-19 exposes potential gaps in PPE training, effectiveness. *Medscape* [Internet] 2020. Available from: <https://www.medscape.com/viewarticle/928163>. (Assessed 25-4-2020).
  14. Peres D. Knowledge, source of information, and perception of portuguese medical students and junior doctors of infection control precautions. *Am J Infect Control* 2016; 44(12): 1723-1725.
  15. Mulvey D, Mayer J, Visnovsky L, Samore M, Drews F. Frequent and unexpected deviations from personal protective equipment guidelines increase contamination risks. *Am J Infect Control* 2019; 47(9): 1146-1147.
  16. Mana TSC, Tomas ME, Cadnum JL, Jencson AL, Piedrahita CT, Donskey CJ. A randomized trial of two cover gowns comparing contamination of healthcare personnel during removal of personal protective equipment. *Infect Control Hosp Epidemiol* 2018; 39(1): 97-100.
  17. Khubrani A, Albeshar M, Alkahtani A, Alamri F, Alshamrani M, Masuadi E. Knowledge and information sources on standard precautions and infection control of health sciences students at King Saud bin Abdulaziz University for Health Sciences, Saudi Arabia, Riyadh. *J Infect Public Health* 2018; 11(4): 546-549.
  18. Ayub A, Goyal A, Kotwal A, Kulkarni A, Kotwal A, Mahen A. Infection control practices in health care: Teaching and learning requirements of medical undergraduates. *Med J Armed Forces India* 2013; 69(2): 107-12.
  19. Nam KG, Cheol LO. Nurse's Knowledge, attitude and perception of personal protective equipment: focusing on MERS response. *J Korean Acad Fundam Nurs* 2016; 23(4): 402-410.
  20. John A, Tomas ME, Hari A, Wilson BM, Donskey CJ. Do medical students receive training in correct use of personal protective equipment? *Med Educ Online* 2017; 22(1): 1264125.
  21. Yuanchun Huang Wenni Xie Jun Zeng Limited knowledge and practice of Chinese medical students regarding health-care associated infections. *J Infec Developing Countries* 2013; 7(2): 144-151.
  22. Barratt R, Wyer M, Hor Sy. Medical interns' reflections on their training in use of personal protective equipment. *BMC Med Educ* 2020; 20: 328.
  23. Kinlay J, Flaherty K, Scanlon P, Mehrotra P, Potter-Bynoe G, Sandora TJ. Barriers to the use of face protection for standard precautions by health care providers. *Am J Infect Control* 2015; 43(2): 169-70.
-